

PART B - FEE(S) TRANSMITTAL

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65297 7590 12/07/2007
 FITCH, EVEN, TABIN & FLANNERY
 P.O. BOX 18415
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Roseanna Kaplan (Depositor's name)
 (Signature)
 March 7, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/797,877	03/10/2004	John T. Lopcr	EI-7630 (88348)	5081
TITLE OF INVENTION: NOVEL ADDITIVES FOR LUBRICANTS AND FUELS				

03/10/2008 HSEBREH2 00000023 061135 10797877

01 FC:1501 1440.00 DA
 02 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/07/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
GOLOBOY, JAMES C	1797	509-232000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fitch, Even,
 2 Tabin & Flannery
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

AFTON CHEMICAL CORPORATION Richmond, Virginia

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1135 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Kendrew H. Colton

Date March 7, 2008

Registration No. 30,368

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